



# EMERGENCY WORKER SUPPLEMENTAL DATA



Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_ Eye color: \_\_\_\_\_

Social Security # or Driver's License #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Leader: \_\_\_\_\_  
(ex: ARES, Engineers)\_

Are you registered as an emergency worker elsewhere? Yes ☐ No ☐

If so, with whom? \_\_\_\_\_

Have you ever been convicted of a felony: Yes ☐ No ☐

*I declare that the above information is true and accurate. I grant permission to the City of Kirkland Emergency Management to conduct a criminal history background check using the above information. I have been provided and have read the attached statement of procedures. I understand that my participation in this program is contingent upon the accuracy of the above information and my following all laws and all policies and procedures established by Kirkland or its agents with regard to the emergency worker program and the activities of its volunteers.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Return this form to:* Emergency Management  
Kirkland Fire Department  
123 5th Avenue  
Kirkland, WA 98033

## FOR INTERNAL USE ONLY

Card #: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Background Check Completed Date: \_\_\_\_\_ Accepted ☐ Not Accepted ☐

Authorized by: \_\_\_\_\_ Assignment: \_\_\_\_\_